

Murfreesboro Water and Sewer Department

POST OFFICE BOX 1477
MURFREESBORO, TENNESSEE 37133-1477
TELEPHONE 615/890-0862
FAX 615/896-4259

WASTEWATER GREASE INTERCEPTOR/TRAP APPLICATION

APPLICATION DATE _____

APPLICANT (OWNER) NAME _____

FACILITY NAME _____ PHONE _____

FACILITY ADDRESS _____

FAX _____ EMAIL ADDRESS _____

PRIMARY COMPANY CONTACT _____ TITLE _____

SECONDARY COMPANY CONTACT _____ TITLE _____

BUSINESS ADDRESS (if different from above) _____

MAILING ADDRESS (if different from above) _____

CORPORATE (BUSINESS) OPERATING NAME _____

TYPE (Circle any that apply) SIT-DOWN TAKE-OUT DRIVE-THROUGH

RESTAURANT TYPE (Check one) _____ FULL-SERVICE
 _____ LIMITED-SERVICE
 _____ SNACK AND/OR NONALCOHOLIC BEVERAGE BAR
 _____ DRINKING PLACES (ALCOHOLIC BEVERAGES)
 _____ THEATER COMPANIES AND DINNER THEATERS

MAXIMUM SEATING CAPACITY _____

HOURS OF OPERATION _____ DAYS OF OPERATION _____

APPROXIMATE NUMBER OF PEOPLE SERVED DAILY _____ If serving only occurs occasionally;
indicate how many weekly, monthly, etc. _____ per _____

TYPE OF DEVELOPMENT (Circle one) REDEVELOPMENT NEW CONSTRUCTION

NAME OF COMPANY TO SERVICE GREASE TRAP _____

GREASE TRAP CONTRACT SERVICE SCHEDULE (Frequency of cleaning) _____

IS THERE AN EXISTING GREASE TRAP ON THE PROPERTY? _____ YES _____ NO

IF YES, RATING or SIZE: _____ GPM or _____ GAL

DOES THIS BUSINESS USE ONLY DISPOSABLE DISHWARE? _____ YES _____ NO

Equipment on Site

(Please circle all that apply and fill in the appropriate information for each piece of equipment.)

| Type | Quantity | Equipment Description (Type, Size, Dimensions, and/or Temperature) |
|-------------------------------|-----------------|---|
| Deep Fryer | | |
| Grill | | |
| Commercial Stove/Oven | | |
| Class 1 Vent Hood | | |
| Steam Cooker | | |
| Steam Table | | |
| Tilting Skillet and/or Kettle | | |
| Countertop Fryer | | |
| Dishwasher | | |
| Wok Stove | | |
| 2 Compartment Sink | | |
| 3 Compartment Sink | | |
| Conveyor Oven | | |
| Residential Stove/Oven | | |
| Floor Drains | | |
| Hand Sinks | | |
| Floor Sink/Mop Sink | | |

NOTE: Food waste and garbage disposals are not permitted in commercial kitchens.

Attach a copy of the MENU. Applicable to all establishments that provide a printed, posted or publicized menu.

I hereby certify that the above information is correct. I am also aware that changes in any of the above information will require a re-application and possible increase in the size or type of grease trap required.

I also agree to have the grease interceptor pumped out by a certified grease trap cleaning company at a frequency that will maintain the grease interceptor/grease trap in a proper operating condition.

This permit is valid only for the specific facility, ownership, processes and operations indicated above. As such, it cannot be sold, transferred or reassigned.

Signature _____ Date _____

Name (print) _____

APPROVAL SIGNATURE: _____ DATE: _____